

STRONGHOLD ENGINEERING INC

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AUTHORIZED SIGNATORY

SEI Job #		
Project Name:		
Project Address:		
Contractor/Subcontractor Name:		
Address: _		
City, State, Zip:		
Contractor/Subcontractor License# & DIR PWCR#:		
Date:		
affirm that required forms an copies of the original and corr hours and days worked; and the control of the con	d certified payroll reco ectly depict the Trades he amounts by categor	ave the authority under penalty of perjury to ords are originals or are full, true and correct s, Crafts, and Classification of work performed, ry listed, disbursed by way of cash, check, or in ification and/or skill pursuant to a public works
(1) Identified below <u>must be</u> a (2) Identified below is the pers		• •
Print Name of Owner/Officer Signatory		Print Name of Authorized Signatory
Signature of Owner/Officer Signatory		Signature of Authorized Signatory
Title of Owner/Officer Signatory		Title of Authorized Signatory